EXHIBIT O

INDIVIDUALIZED REVIEW Claim Form

CELOTEX ASBESTOS SETTLEMENT TRUST

Submit completed claims to:
Celotex Asbestos Settlement Trust
P.O. Box 1036
Wilmington, DE 19899-1036

Instructions for the Individualized Review Claim Form

Complete this claim form as thoroughly and accurately as possible. Please type or print neatly.

Should there be insufficient space to list all relevant information, please attach additional sheets.

In addition to filing the forms that follow, please ensure the following are enclosed, if applicable:

- ☐ Death Certificate (if applicable)
- ☐ Certificate of Official Capacity (if personal representative is filing form)
- ☐ Medical Records as requested in instructions
- ☐ Proof of Celotex or Carey Canada product exposure as set out in instructions

Representation

If Claimant is represented by counsel, please print or type the following information:

Attorney Name: _____
(Please print full name)

Paralegal or Contact Name: _____
(Please print full name)

Name of Law Firm: _____
(Please print full name of firm)

Firm Address: _____
(Street/PO box number/suite number)

_____
(City, State and Zip)

Attorney Phone: _____ **Fax:** _____
(Area Code & Number) (Area Code & Number)

Contact Phone: _____ **Fax:** _____
(Area Code & Number) (Area Code & Number)

Individualized Review Claim Form

Part 1: Injured Party Information

Name:_____ **Social Security #:** _____-_____-_____
(Please print FULL NAME)

Gender: Male _____ **Female** _____ **Date of Birth:** _____/_____/_____
(Month) (Day) (Year)

I. Is injured party living? Yes_____ No_____

II. If injured party is living and not represented by counsel, please complete the following:

Mailing Address:_____
(Street/PO box)

_____
(City/State/Zip)

Daytime Phone: ( ) _____-_____

III. If injured party is deceased: (***Death Certificate must be enclosed***)

Date of Death:_____/_____/_____

Was death asbestos related? Yes _____ No _____

IV. If injured party has a personal representative other than, or in addition to, his/her attorney, please indicate the following information for the representative: **(Certificate of Official Capacity must be enclosed.)**

Name:_____ Social Security Number: _____-_____-_____

Mailing Address: _____

_____

Daytime Phone: ( ) _____-_____

Relationship to Injured Party: I am party's:_____
(Guardian, Administrator, Brother, etc.)

Individualized Review Claim Form

Part 2: Diagnosed Asbestos-Related Injuries

Place an X next to all injuries below that have been or were diagnosed for the injured party **and** for which medical documentation is attached to this claim form. ***See Instructions for listing of medical records that must be enclosed.***

☐	Other _____ (Specify)	Date of Diagnosis ____/____/____ (Month) (Day) (Year)
☐	Bilateral Pleural Disease	Date of Diagnosis ____/____/____ (Month) (Day) (Year)
☐	Non-disabling Bilateral Interstitial Lung Disease	Date of Diagnosis ____/____/____ (Month) (Day) (Year)
☐	Disabling Bilateral Interstitial Lung Disease	Date of Diagnosis ____/____/____ (Month) (Day) (Year)
	Other Cancer:	
☐	Colo-rectal	Date of Diagnosis ____/____/____ (Month) (Day) (Year)
☐	Laryngeal	Date of Diagnosis ____/____/____ (Month) (Day) (Year)
☐	Esophageal	Date of Diagnosis ____/____/____ (Month) (Day) (Year)
☐	Pharyngeal	Date of Diagnosis ____/____/____ (Month) (Day) (Year)
☐	Lung Cancer (One)	Date of Diagnosis ____/____/____ (Month) (Day) (Year)
☐	Lung Cancer (Two)	Date of Diagnosis ____/____/____ (Month) (Day) (Year)
☐	Malignant Mesothelioma	Date of Diagnosis ____/____/____ (Month) (Day) (Year

Claims for all of the above injuries must include a diagnosis of the claimed disease by an internal medicine or pulmonary specialist or other specialist based on either a physical examination of the claimant by that doctor, a physical examination by another doctor whose physical examination and findings are reliable or a pathologist examination for a deceased claimant.

If reimbursement of medical expenses is being claimed, what was the total expenditure on diagnosis and treatment of asbestos-related diseases: $ ___,_____.____

Individualized Review Claim Form

Part 3: Dependents and Beneficiaries

List any other persons who may have rights associated with this claim.

Be sure to include the injured party's spouse, any dependents who derive (or who did derive at the time of the injured person's death) at least one-half of their financial support from the injured party.

Also list beneficiaries who are entitled to pursue an action for wrongful death under applicable state law.

If more than four, please photocopy this page, and insert after current page.

Name:______________________________ Date of Birth: _____/_____/_____ (Month) (Day) (Year)

Relationship: ☐ Spouse ☐ Child ☐ Other: __________

Financially Dependent? Yes ☐ No ☐

Name:______________________________ Date of Birth: _____/_____/_____ (Month) (Day) (Year)

Relationship: ☐ Spouse ☐ Child ☐ Other: __________

Financially Dependent? Yes ☐ No ☐

Name:______________________________ Date of Birth: _____/_____/_____ (Month) (Day) (Year)

Relationship: ☐ Spouse ☐ Child ☐ Other: __________

Financially Dependent? Yes ☐ No ☐

Name:______________________________ Date of Birth: _____/_____/_____ (Month) (Day) (Year)

Relationship: ☐ Spouse ☐ Child ☐ Other: __________

Financially Dependent? Yes ☐ No ☐

Individualized Review Claim Form

Part 4: Occupational Exposure to Celotex or Carey Canada Products or Operations

Proof of Celotex or Carey Canada product exposure must be enclosed. (*See Instructions*)

Please photocopy this page and list separately for each site, industry or occupation in which claimant alleges exposure to asbestos.

Date Exposure Began: _____/_____/_____ (Month) (Day) (Year) Date Exposure Ended: _____/_____/_____ (Month) (Day) (Year)

Was the injured party employed by Celotex, Philip Carey or a Philip Carey Contract Unit during this time?
Yes_____ No_____

Did the injured party work at a site while Philip Carey, Carey Canada or Celotex employees were installing, ripping out, or otherwise handling asbestos-containing products during this time?
Yes_____ No_____

Did the injured party work with Celotex, Philip Carey or Carey Canada employees during this time?
Yes_____ No_____

Did the injured party live or work near or in the vicinity of a Carey Canada mine, or a Celotex or Philip Carey manufacturing plant or job-site where asbestos was present during this time? Yes_____ No_____

Occupation: _____

Description of Job Duties: _____

_____

Industry in which exposure occurred: _____ (Code) If Code 37 (Other), specify: _____

Industry Codes

10. Asbestos mining	24. Petrochemical
11. Aerospace/aviation	25. Insulation
12. Asbestos abatement	27. Railroad
13. Automobile/mechanical friction	30. Shipyard-construction/repair
16. Chemical	31. Textile
17. Construction trades	32. Tire/rubber
18. Iron/steel	33. Utilities
19. Longshore	34. Asbestos products manufacturing
20. Maritime	36. Building occupant/bystander
21. Military	37. Other
23. Non-asbestos products manufacturing	

Describe how and why asbestos products were used at the site:

_____

Employer: _____

Site or Location of exposure:_____Plant or Site Name:_____

Location at plant or site where exposure occurred: _____

City: _____ State:_____

Describe how injured party was exposed to Celotex or Carey Canada product(s) or operations:

_____

Name of Celotex or Carey Canada product(s) or operations to which injured party was exposed:

_____

Part 5: Exposure to an Occupationally Exposed Person*

Is the claimant alleging an asbestos-related disease resulting solely from exposure to an occupationally exposed person, such as a family member (spouse, father, sister, etc.)?

Yes_____ No_____

Date Exposure to Other Person Began: Month_____ Year _____

Date Exposure to Other Person Ended: Month_____ Year _____

Relationship to occupationally exposed individual:

I am his/her _____
(Brother, Son, Spouse, etc.)

Describe how injured party was exposed to the Celotex or Carey Canada product:

_____

_____

_____

_____

***Part 4, page 5a, must be completed for the occupationally exposed person.**

Part 6: Smoking/Tobacco History

For each item, indicate whether injured party has smoked or used the given product. If used, indicate the dates they were used, and the amount per day. Indicate fractional packs as appropriate, e.g. three and one-half packs would be entered as 3 . 5.

Has the injured party ever:

Smoked Cigarettes? Yes_____ No_____

From_____/_____ To: _____/_____ Packs per day: _____._____
(Month) (Year) (Month) (Year)

From_____/_____ To: _____/_____ Packs per day: _____._____
(Month) (Year) (Month) (Year)

From_____/_____ To: _____/_____ Packs per day: _____._____
(Month) (Year) (Month) (Year)

From_____/_____ To: _____/_____ Packs per day: _____._____
(Month) (Year) (Month) (Year)

Has the injured party ever:

Smoked Cigars? Yes_____ No_____

From_____/_____ To: _____/_____ Cigars per day: _____._____
(Month) (Year) (Month) (Year)

From_____/_____ To: _____/_____ Cigars per day: _____._____
(Month) (Year) (Month) (Year)

From_____/_____ To: _____/_____ Cigars per day: _____._____
(Month) (Year) (Month) (Year)

From_____/_____ To: _____/_____ Cigars per day: _____._____
(Month) (Year) (Month) (Year)

Part 7: Asbestos Litigation

Has a lawsuit ever been filed on behalf of the injured party?

Yes _____ No_____

Two-letter abbreviation of the state in which the suit was originally filed: ☐☐

Name of court in which suit was originally filed: _____

Date on which the suit was originally filed: _____
(Month/Year)

Has injured party received settlement money from Celotex or Carey Canada? Yes_____ No_____

Please provide the Aggregate Settlement Amount received from all asbestos defendants:
$____,_____.___

What is the current status of this suit?

☐ Pending ☐ Judgment
☐ Dismissed ☐ Settled

If this suit is pending, has a trial date been set? Yes_____ No_____

•If yes, when is the trial currently scheduled? _____/_____/_____
(Month) (Day) (Year)
•If no, what is the earliest date trial could be expected? _____/_____
(Month) (Day)

Unless you wish to waive your right to have your claim allowed, evaluated and paid by the Trust, you must notify the Trust when a trial date is established.

If this suit has been dismissed or has received a judgment, please provide the following information:

Date of Verdict	Name of Defendant(s)	Verdict Amount
_____ (Month / Year)	_____	$ _____
_____		
_____		
_____		
_____		

Part 8: Workers' Compensation/Other Disability Claims

Has the injured party ever received disability benefits related to asbestos?

Yes _____ No_____

Name of organization granting benefits: _____
(FECA, WC, etc.)

Date benefits began: _____/_____
(month) (year)

Monthly benefit stipend: $ _____,_____._____

Name of company claim was filed against: _____

Part 9: Employment Information

Current Employment Status:

- ☐ Full-time, outside the home
- ☐ Full-time, within the home
- ☐ Part-time, outside the home
- ☐ Part-time, within the home
- ☐ Retired
- ☐ Disabled

Amount of last annual wage: $ _____,_____._____

Date of last wage received: _____/_____
(month) (year)

(enter current month and year if currently earning work-related compensation)

W-2 and first page of Form 1040 for last year of full employment must be enclosed, if lost wages are being claimed.

PART 10: SIGNATURE PAGE

All claims must be signed by the claimant, or the person filing on his/her behalf (such as the personal representative or attorney).

I have reviewed the information submitted on this claim form and all documents submitted in support of this claim. To the best of my knowledge under penalty of perjury, the information submitted is accurate and complete.

Signature of Claimant or Representative

Please print the name and relationship to the claimant of the signatory above.

Please review your submission to ensure it is complete.

- ☐ Death Certificate (if applicable)
- ☐ Certificate of Official Capacity (if personal representative is filing form)
- ☐ Medical Records as requested in instructions

Proof of Celotex or Carey Canada product exposure as set out in instructions